FEE CA	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)				53°	20	32	ASTON D	ATE)	
			CLAIM	s							
AS FILED	AFTER	AFTER			AS FILED		AFTER		AFTER		
IND. DEP.	DND. DEP.	IND. DEP.		51	IND.	DEP.	IND.	DEP.	IND.	DEP.	
$\begin{bmatrix} 2 \\ 3 \end{bmatrix}$				52	-1						
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6 7			þ	56	1	<u> </u>					
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m. 49 €	E .	ϵ	POTAL DEP.		4		4		4		
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'0-4344 (REV. 943)											